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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	WOOLFE, Austen John				
Art Unit					
Examiner Name		F_			

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U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
	A1	^{US-} 2002/0031480	03.14.2002	Peart et al	
	A2	^{US-} 5,605,928	02.25.1997	Mechoulam et al	
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known)	MM-DD-YYYY	Regents of the Univ of	Or Relevant Figures Appear	T ⁶
	B1	WO01/89589	11.29.2001	California		
	B2	WO03/006010	01.23.2003	Norton Healthcare Ltd		
	B3	WO01/66089	09.13.2001	GW Pharma Ltd		

Examiner	 Date	
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